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## BIB DATA SHEET

CONFIRMATION NO. 4993

<b>SERIAL NUMBER</b> 10/047,545	<b>FILING or 371(c) DATE</b> 01/16/2002 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> 101.0053-01000	
<b>APPLICANTS</b> Gary Karlin Michelson, Venice, CA; O.K. M.B. <b>** CONTINUING DATA *****</b> This application is a CON of 08/480,908 06/07/1995 None M.B. <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/15/2002					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/MICHAEL A BROWN/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 40 <del>67</del>	<b>INDEPENDENT CLAIMS</b> 4 <del>38</del>
<b>ADDRESS</b> MARTIN & FERRARO, LLP 1557 LAKE O'PINES STREET, NE HARTVILLE, OH 44632 UNITED STATES					
<b>TITLE</b> THREADED FRUSTO-CONICAL INTERBODY SPINAL FUSION IMPLANTS					
<b>FILING FEE RECEIVED</b> 2086	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		